

CITY OF TROY, N.Y.

Class "B" ELECTRICIAN'S LICENSE

NAME_____

WHERE ARE YOU LICENSED_____LICENSE#_____

TROY JOB NAME OR LOCATION_____

HOME
ADDRESS_____

BUSINESS PHONE_____HOME PHONE_____

SIGNATURE_____

**PLEASE ATTACH THE FOLLOWING:	Certificate of Insurance Liability Copy of Electrical License Plans and/or drawings for proposed job
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Please include a check in the amount of \$200.00 made payable to:
Troy City Clerk

Mail to: Troy City Clerk, One Monument Square, Troy, N.Y. 12180
For information call 270-4634

*Board of Electrical Examiners
William Quinlan, Chairman
Teresa M. Kippen, Secretary*

For CODE ENFORCEMENT USE:

Approved_____ **Date**_____